

SECTION 11 A - METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

I. PURPOSE.

To identify appropriate isolation precautions on any patient, either colonized or infected with MRSA.

II. APPLICABILITY. All DHCS personnel.

III. GENERAL.

A. MRSA is a significant pathogen that can be acquired by patients with chronic infections, during use of multiple antibiotics, or by nosocomial spread. MRSA can be transmitted from patient to patient on the hands of health care workers (HCW) and by contaminated fomites. Nasal carriage by HCWs has also contributed to nosocomial spread. Roommates of MRSA patients have an increased risk of colonization and infection with MRSA. Infections due to MRSA can result in longer hospital stays and significant morbidity. MRSA colonization may also lead to difficulty in the placement to other chronic care facilities.

B. Risk factors for colonization/infection with MRSA include: prolonged hospitalization, history of long term broad spectrum antimicrobial therapy, chronic dermatitis, diabetic foot ulcer, peripheral vascular ulcers, transfers from acute care centers and other long term care facilities. Patients in ICU are at higher risk of being colonized from an unidentified MRSA patient.

C. Transmission of MRSA is more likely to occur from patients with unrecognized colonization and infection. Patients with positive cultures for MRSA will be placed on Contact Isolation.

IV. SPECIFIC.

A. Patient requires contact isolation IN ADDITION TO Standard Precautions. Place a Contact Isolation on patient's door.

B. Private room is indicated. If necessary, patients infected or colonized with MRSA may share a room (cohort). Cohorting patients should be done only as a last resort if private rooms aren't available.

C. Masks are indicated for health care personnel caring for the patient ONLY if splashing/spraying is anticipated. Personnel will wear masks when caring for patients with MRSA pneumonia or MRSA in the sputum. Masks will facilitate the prevention of nasal colonization in the health care worker if the patient has a productive cough. Generally masks are not required since MRSA is not airborne unless transmitted via droplets by the patient's productive coughing (sputum).

D. Gowns are indicated if soiling is likely. All health care personnel giving direct care or touching patient's contaminated equipment will wear gowns and gloves. These will be

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removed and discarded in the waste container upon leaving the patient's room. A biohazardous container is ONLY required if there is visible blood on the gloves or the gown. If a yellow cotton isolation gown is worn, it is placed in a linen hamper kept inside the patient's room. The wearing of gowns during routine patient care activities should be based on the likelihood of soiling clothing, not on the knowledge of the MRSA status of the patient.

E. Gloves are indicated when coming into contact with patients. Gloves will be removed prior to leaving the patient's room to prevent contamination of the environment.

F. Meticulous handwashing technique must be observed after touching the patient or potentially contaminated articles and before taking care of another patient. Hands will be washed with an antimicrobial soap- chlorhexidine gluconate (Dyna-Hex 2%). Hands will always be washed after removing gloves.

G. Disposable articles contaminated with visible blood will be disposed into the regulated medical waste receptacle in order to reduce the potential for transmission.

H. Equipment or environmental surfaces will be disinfected with Cavicide.

I. Linens will be considered contaminated and discarded directly into linen hamper located inside the patient's room. Personnel will limit unnecessary handling of contaminated linen. Personnel will:

1. Wear gloves when handling soiled linen
2. Remove linen carefully without shaking or allowing to drag on floor or hospital equipment. Contain linen at the site of collection in linen hamper.
3. Transport all linen to the collection point/soiled utility room in a manner that precludes contamination of the environment.
4. Comply with strict handwashing principles to reduce transmission potential.

J. Visitors will be instructed to wash hands before and after patient contact and after patient visit. If there is considerable contact with the patient's immediate environment family members will be instructed concerning appropriate barrier precautions. Visitors must comply with handwashing and isolation guidelines. Visitors and patients will be given information explaining the special precautions which are necessary to prevent transmission to other patients. Visitors will follow the same isolation practices as the hospital staff.

K. The entire room is cleaned daily with the approved hospital disinfectant to reduce bacterial load. Terminal cleaning of the isolation room is accomplished in a manner that is consistent throughout the hospital. The room can be used immediately after terminal cleaning.

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1. Reusable items such as IV Poles, wheelchairs, bedside commodes, etc., will be used solely by the patient to prevent cross contamination. If patient care equipment must be shared with other patients, it will be thoroughly cleaned with Cavicide prior to use on another patient.

2. Housekeeping personnel will change cleaning cloths, mop heads and mop solution at the completion of cleaning all patient isolation rooms, and will follow isolation cleaning procedures for DHCS in accordance with the contract performance work statement.

L. Culturing of patients, employees, and environment.

1. Routine culturing of employees and environment is not recommended. If MRSA is found in clusters in a specific patient care area or specific device within the hospital, cultures may be obtained as recommended only on an epidemiological basis.

2. Routine culturing of staff for MRSA is not recommended. Patients should be cultured when it is medically indicated, and not on routine basis. However, during outbreaks it may be necessary to routinely culture patients to determine the effectiveness of infection control measures.

3. Patients who are to be removed from contact isolation will be culture negative. It is recommended that follow-up cultures from the patient be obtained. The patient will remain under Contact Isolation until culture negative. Cultures will be ordered 24 hours after the completion of antimicrobial therapy.

M. Recommendation for discharge between facilities.

1. A hospitalized patient who is colonized with MRSA, may be discharged whenever the physician indicates the patient is to be transferred.

2. Patients infected with MRSA, who may be ready for discharge except for completion of antibiotic therapy, may be discharged to another facility, as long as the required treatment is available.

3. The receiving facility will be informed of the patients condition and pertinent medical information upon transfer.

V. REFERENCES.

a. APIC Infection Control and Applied Epidemiology Principles and Practices. Mosby, St. Louis, 1996, Chapter 17: 18-19 and Appendix C: 21-22.

b. Centers for Disease Control, Draft Guideline for Infection Control in Health Care Personnel, September 2, 1997.